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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number 07540/020003

Applicant

MICHAEL A. WALTER, TIM JORDAN, VINCENT RAYMOND

Title

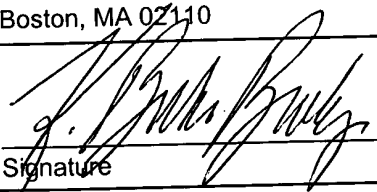
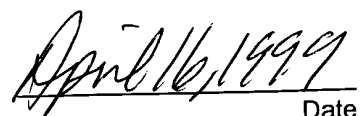
# NOVEL MUTATIONS IN THE *FREAC3* GENE FOR DIAGNOSIS AND PROGNOSIS OF GLAUCOMA AND ANTERIOR SEGMENT DYSGENESIS

**PRIORITY INFORMATION:**

This application claims priority from United States provisional patent application 60/082,206, filed April 1998, and provisional patent application 60/084,784, filed May 8, 1998.

### APPLICATION ELEMENTS:

Cover sheet	1 pages
Specification	47 pages
Claims	3 pages
Abstract	1 pages
Drawing	6 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>SERIAL NUMBER</b> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	2 pages
Sequence Listing on Paper	4 pages
Sequence Listing on Diskette	1 diskette

Small Entity Statement, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> Copies from prior applications 60/082,206 and 60/084,784 and such small entity status is still proper and desired.	2 pages
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$380	\$380.00
Excess Claims Fee: $14 - 20 = 0 \times \$9$	\$0.00
Excess Independent Claims Fee: $6 - 3 = 3 \times \$39$	\$117.00
Multiple Dependent Claims Fee: \$130	\$0.00
Total Fees:	\$497.00
<input checked="" type="checkbox"/> Enclosed is a check for 497.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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